EXAMINATION REPORT

Patient Name	: BHASKARBHAI MANUBHAI PAREKH	MRN	: 10012018006161
Referred By	:Dr. ARCHIT JOSHI	Age	: 66 Years
Order From	:FRONT OFFICE BILLING	Sex	: M
Procedure Date	:08-Nov-2024	Visit Type	:OP

^{68}Ga-PSMA PET-CT WHOLE BODY STUDY

CLINICAL HISTORY: Metastatic castration resistant prostate carcinoma , post radical prostatectomy an orchidectomy followed by palliative RT to skeletal metastases. Treated with Bicalutamide from November 2018 for 8 months. Disease progression in the form of skeletal metastases, treated with Abiratarone (March 2021 - July 2022). Disease progression, post 6 cycles of Lu-177 PSMA radioligand therapy (last cycle 5.12.2023), on Enzalutamide, recent serum PSA - 46.3 ng/mL dated 12.06.2024 , for evaluation

Comparison has been done with previous PSMA PET CT scan dated 01.09.2023.

PROCEDURE

Fusion PET-CT imaging was performed from vertex of skull to mid thigh, 60 minutes after intravenous administration of 5.2 mCi of ^{68}Ga- PSMA using a 5-ring PET-CT scanner (GE discovery IQ- Gen2). S.creatinine was 1.68 mg/dl. Non-contrast CT acquisition was performed for attenuation correction and anatomical correlation.

Previous PET-CT scan performed on 21.06.24 was available for comparison.

OBSERVATIONS

Head and Neck

Physiological radiotracer uptake noted in bilateral lacrimal glands & salivary glands.
No abnormal focal radiotracer avid lesion noted in head & neck region. No radiotracer avid cervical or supraclavicular lymphadenopathy.

Thorax

No abnormal radiotracer avid lesion noted in bilateral lungs. No pleural or pericardial effusion. No radiotracer avid mediastinal or hilar lymphadenopathy.

Abdomen and Pelvis

Status post radical prostatectomy. No evidence of any focal PSMA expressing lesion seen in the prostatic bed.

No PSMA expressing or size significant pelvic or retroperitoneal lymph nodes.

Physiological tracer activity is noted in the liver, spleen, small bowel loops, bilateral renal cortices & urinary bladder.

Musculoskeletal

There is significant increase in number of PSMA expressing skeletal metastases involving axial and appendicular skeleton and skull.

Previously documented lesions demonstrate mixed response with predominant progression, however, few lesions show regression in tracer uptake (SUVmax L4 - 4.0, previously 7.5). Likewise SUVmax in right iliac bone - 31.1, previously 20.1.

Multiple high grade PSMA expressing lesions are seen involving bilateral femur, humorii, proximal tibia, multiple pelvic bones, sacrum, multiple bilateral ribs, sternum, scapula, medial end of bilateral clavicle, frontal and parietal skull, clivus, multiple dorsolumbar and cervical vertebrae, SUVmax in L2 vertebra - 37.6.

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No pathological fracture. No associated soft tissue component.

PET-CT OPINION

In comparison to previous PSMA PET CT performed on 21.6.24, there is

- There has been prior radical prostatectomy. No focal abnormal PSMA expressing lesion seen in the prostatic bed.
- No PSMA expressing or size significant pelvic or retroperitoneal lymph nodes.
- High grade PSMA expressing extensive skeletal metastases involving axial and appendicular skeleton and skull - interval increase in number of active lesions. Previously documented skeletal lesions demonstrate mixed response with predominant progression, howeverfew lesions show regression in tracer uptake
- No other abnormal PSMA expressing lesion noted in rest of the visualized body.

Imaging features suggestive of disease progression.

Thank you for the courtesy of this referral.

Dr. Avani Jain
DNB, DipCBNC, FEBNM, FANMB
Consultant Nuclear Medicine
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